

FORM NO. 3.

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

25631

Registration District No. 102

Registered No. 36

(For use of Local Registrar)

(2) Full Name of Child

John Louis Middleton

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

Is to be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Aug 15 1915

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Willie Middleton

(9) PRESENT POSTOFFICE OF FATHER

Willington S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

22 (Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Vessie Pickett

(15) PRESENT POSTOFFICE OF MOTHER

Willington S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

18 (Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 11 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Jannine Herbert

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Tray S.C.

Given name added from a supplemental report

191

Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

Aug 17 1915

(28)

W. H. Andrews

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

WHEN MAILED WITH PAYING INK THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 5.